

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

Federal Transit Administration (FTA) Section 5310 Program
Capital Assistance for the Transportation of the Elderly and Disabled

Quarterly Recipient Organization Vehicle Report

For the Calendar Year - _____

☐ 1st (Jan-Mar) ☐ 2nd (Apr-Jun) ☐ 3rd (Jul-Sep) ☐ 4th (Oct-Dec)

For every quarter, one (1) Quarterly Recipient Organization Vehicle Report must be completed and certified for each FTA Section 5310 funded vehicle that the Recipient Organization has received. The reports are due to the Statewide Transportation Planning Office thirty (30) days after the end of the quarter.

I. General Information

A. Name of Recipient Organization:

B. Vehicle License Plate Number:

C. Vehicle Identification Number:

II. Program Information

For the quarter, has the transportation service or vehicle use changed as described in the approved Application? ☐ No ☐ Yes If yes, describe the changes.

And, has the Recipient Organization obtained Departmental approval? ☐ Yes ☐ No

III. Transportation Information

A. Vehicle Odometer Reading

Beginning of quarter (A)

Ending of quarter (B)

Miles traveled for quarter (A - B)

B. Number of working days the vehicle was in service:

C. Number of working days the vehicle was not in service:

D. Single Trips per Quarter

For the quarter, provide the number of single vehicle trips performed by the vehicle. Single trips are broken into two categories (1) Clients – defined as trips for the transporting of clients, and (2) Non-Clients – defined as trips for clients that are not transporting clients. Client trips must further be broken into trips that transport the elderly, non-elderly, disabled and non-disabled clients.

Clients	Primary Use	Elderly disabled	
		Elderly non-disabled	
		Non-elderly disabled	
	Incidental Use	Non-elderly non-disabled	
Non-Clients	Incidental Use		

E. Vehicle Incidents

For the quarter, identify each incident where damage to the vehicle occurred, such as accidents, collisions, vandalism, and theft; the damage done to the vehicle and/or property; human injury; and actions taken by the Recipient Organization.

F. Service Incidents

For the quarter, identify each incident where the transportation service was disrupted or delayed, such as passenger disturbance, disorderly service animals, assaults, robbery, drug influence, vehicle breakdown, driver no-show, etc.; and actions taken by the Recipient Organization.

G. Vehicle Condition

For the quarter, identify the condition of the vehicle as provided in the following categories:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Critical</u>
Chassis []	[]	[]	[]	[]	[]
(Engine, Transmission, Suspension, Frame, Brakes, Steering)					
Body Exterior []	[]	[]	[]	[]	[]
(Paint, Windows, Tires, Side Mirrors)					

Body Interior [] [] [] [] []
 (Seats, Walkways, Siding, Flooring)
 Electrical [] [] [] [] []
 (Battery, Wiring, Lights)
 ADA Equipment [] [] [] [] []
 (Wheelchair Lift or Ramp, Wheelchair and Gurney Positions, Tiedowns)
 Air Conditioning [] [] [] [] []

 Safety Equipment [] [] [] [] []
 (Safety Kit, Fire Extinguisher)

IV. Financial Information

For the quarter, provide the vehicle operations income and expenses. If the category is not provided, use the blank spaces. Amounts may be to the nearest ten dollars.

Income/Revenues		Expenses	
Federal Funding Grants		Driver	
State Funding Grants		Gas	
Local Funding Grants		Regular & Preventive Maintenance	
Passenger Fees and Fares		Unscheduled Repairs	
Donations		Vehicle Insurance	
Products or services income		Indirect	
Fundraisers			
Total Income/Revenues		Total Expenses	

V. Certifying Authority

I am duly authorized to make the following certification on behalf of the Recipient Organization and based on my position, knowledge and experience with the Recipient Organization the information contained in the Quarterly Recipient Organization Report, including attachments, is true and correct.

_____, _____, _____
 Signature Title Date